

108TH CONGRESS  
1ST SESSION

# H. R. 90

To establish the Cultural Competence Commission.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 7, 2003

Ms. JACKSON-LEE of Texas introduced the following bill; which was referred  
to the Committee on Energy and Commerce

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## A BILL

To establish the Cultural Competence Commission.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Good Medicine Cul-  
5       tural Competence Act of 2003”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

8               (1) Racial and ethnic minorities receive lower-  
9       quality health care, even when insurance status, in-  
10      come, age, and severity of conditions are com-  
11      parable.

1           (2) In overall health, at each stage of life until  
2           age 44, African Americans, Latinos, and Native  
3           Americans have, on average, higher mortality rates  
4           than whites.

5           (3) The Department of Health and Human  
6           Services found at least 6 areas in which racial and  
7           ethnic minorities experience serious disparities in  
8           health access outcomes: infant mortality, cancer  
9           screening and management, cardiovascular disease,  
10          diabetes, HIV/AIDS infection, and immunizations.

11          (4) African-American children are twice as like-  
12          ly to have asthma and 6 times as likely to die from  
13          asthma as white children.

14          (5) Asthma hospitalization rates are higher in  
15          urban, low-income, and minority communities.

16          (6) African Americans are 30 percent more  
17          likely to die of cancer than whites when differences  
18          in age are taken into account.

19          (7) African-American women are at greater risk  
20          for being diagnosed with more advanced forms of  
21          breast cancer.

22          (8) The African-American death rate due to di-  
23          abetes is more than twice that for whites when dif-  
24          ferences in age are taken into account.

1           (9) African Americans are 30 percent more  
2       likely to die of heart disease than whites when dif-  
3       ferences in age are taken into account.

4           (10) Of the AIDS cases reported in 2000, 47  
5       percent involved African Americans.

6           (11) The annual AIDS case rate is 4 times  
7       higher for Latinos than for whites.

8           (12) Infant mortality rates, one of the most  
9       sensitive indicators of the health and well-being of a  
10      population, are twice as high among African-Amer-  
11      ican infants as whites.

12          (13) Studies show that even well-meaning phy-  
13      sicians who are not overtly biased or prejudiced typi-  
14      cally demonstrate unconscious negative racial atti-  
15      tudes.

16 **SEC. 3. ESTABLISHMENT.**

17       There is established a commission to be known as the  
18      Cultural Competence Commission (in this Act referred to  
19      as the “Commission”).

20 **SEC. 4. DUTIES.**

21       The Commission shall conduct a study and, under  
22      section 7, submit a report on the following:

23          (1) Establishing standards in cultural com-  
24      petence education for medical and health profes-  
25      sionals.

1           (2) Mandating minimum professional training  
2 requirements for the delivery of high-quality knowl-  
3 edge-based patient care, and mandating annual  
4 hearings on the status of patient care for minority  
5 and low-income patients.

6           (3) Collaborating with the Agency for  
7 Healthcare Research and Quality and the American  
8 Hospital Association to ensure that the review and  
9 assessment process for updating clinical guidelines  
10 and protocols incorporates a mechanism to deter-  
11 mine the appropriateness of the guidelines and pro-  
12 tocols for use among patients of color.

13          (4) Engaging the leadership of such diverse or-  
14 ganizations as the national consortium for African-  
15 American children to help prioritize and provide cul-  
16 tural competence training opportunities in such  
17 venues as school-based and school-linked health set-  
18 tings, working with The Council for Exceptional  
19 Children to address issues relating to persons with  
20 special needs, and collaborating with geriatric ex-  
21 perts to improve access to culturally competent care  
22 for seniors in long-term care facilities.

23          (5) Working with diverse organizations such as  
24 the Asian and Pacific Islander American Health  
25 Forum, the National Alliance for Hispanic Health,

1 the Johns Hopkins University Institute of Urban  
2 Health, and the Utah Department of Health, Divi-  
3 sion of Health Systems Improvement Primary Care  
4 Rural and Ethnic Health, to address the needs of  
5 vulnerable populations served by community and  
6 tribal health centers.

7 (6) Increasing outcomes-based research to as-  
8 sess improvements in health care outcomes for mi-  
9 nority patients as a result of cultural competence  
10 education.

11 (7) Broadening access to culturally competent  
12 health education by patients, providers, and organi-  
13 zations.

14 (8) Conducting a national policy forum to in-  
15 form legislators at the Federal, State, and local lev-  
16 els about cultural competence programs, research  
17 findings, and patient care outcomes.

18 (9) Facilitating improvements in the effective-  
19 ness of provider and patient interactions and com-  
20 munications through cross-cultural education, health  
21 literacy training, and information.

22 (10) Creating incentives for providers who have  
23 documented training and expertise in cultural com-  
24 petence.

1           (11) Collaborating with the National Board of  
2       Medical Examiners, the Joint Commission on the  
3       Accreditation of Health Care Organizations, and  
4       other professional licensing boards and accrediting  
5       bodies to devise and monitor a method for assessing  
6       provider attitudes, knowledge, and skills in culturally  
7       competent health care.

8           (12) Developing and enforcing mechanisms to  
9       ensure organizational compliance with cultural com-  
10      petence professional training, service delivery, and  
11      administrative requirements.

12          (13) Establishing a national cultural com-  
13      petence “think tank” comprised of expert advisers  
14      known in the areas of research, advocacy, education,  
15      public health policy, and human services.

16 **SEC. 5. MEMBERSHIP.**

17      (a) NUMBER AND APPOINTMENT.—The Commission  
18      shall be composed of 17 members appointed as follows:

19          (1) 4 members appointed by the Speaker of the  
20      House of Representatives.

21          (2) 4 members appointed by the minority leader  
22      of the House of Representatives.

23          (3) 4 members appointed by the majority leader  
24      of the Senate.

1           (4) 4 members appointed by the minority leader  
2       of the Senate.

3           (5) 1 member appointed by the President.

4       (b) TERMS.—

5           (1) IN GENERAL.—Each member of the Com-  
6       mission shall be appointed for the life of the Com-  
7       mission.

8           (2) VACANCIES.—A vacancy in the Commission  
9       shall be filled in the manner in which the original  
10      appointment was made.

11       (c) BASIC PAY.—Members of the Commission shall  
12      serve without pay.

13       (d) TRAVEL EXPENSES.—Each member shall receive  
14      travel expenses, including per diem in lieu of subsistence,  
15      in accordance with applicable provisions under subchapter  
16      I of chapter 57 of title 5, United States Code.

17       (e) CHAIRPERSON.—The Chairperson of the Commis-  
18      sion shall be elected by the Commission from among its  
19      members.

20   **SEC. 6. POWERS OF COMMISSION.**

21       (a) HEARINGS AND SESSIONS.—The Commission  
22      may, for the purpose of carrying out this Act, hold hear-  
23      ings, sit and act at times and places, take testimony, and  
24      receive evidence as the Commission considers appropriate.

1       (b) POWERS OF MEMBERS AND AGENTS.—Any mem-  
2 ber or agent of the Commission may, if authorized by the  
3 Commission, take any action that the Commission is au-  
4 thorized to take by this section.

5       (c) OBTAINING OFFICIAL DATA.—Notwithstanding  
6 sections 552 and 552a of title 5, United States Code, the  
7 Commission may secure directly from any department or  
8 agency of the United States information necessary to en-  
9 able it to carry out this Act. Upon request of the Commis-  
10 sion, the head of that department or agency shall furnish  
11 that information to the Commission.

12       (d) MAILS.—The Commission may use the United  
13 States mails in the same manner and under the same con-  
14 ditions as other departments and agencies of the United  
15 States.

16       (e) STAFF OF FEDERAL AGENCIES.—Upon request  
17 of the Commission, the head of any Federal department  
18 or agency may detail, on a nonreimbursable basis, any of  
19 the personnel of that department or agency to the Com-  
20 mission to assist it in carrying out its duties under this  
21 Act.

22       (f) ADMINISTRATIVE SUPPORT SERVICES.—Upon the  
23 request of the Commission, the Administrator of General  
24 Services may provide to the Commission, on a non-  
25 reimbursable basis, the administrative support services



1 necessary for the Commission to carry out its responsibil-  
2 ities under this Act.

3 **SEC. 7. REPORT.**

4 Not later than 4 years after the date of the enact-  
5 ment of this Act, the Commission shall submit to the Con-  
6 gress and the President a report containing a detailed  
7 statement of the findings and conclusions of the Commis-  
8 sion, together with such recommendations as the Commis-  
9 sion considers appropriate.

10 **SEC. 8. TERMINATION.**

11 The Commission shall terminate 180 days after sub-  
12 mitting its final report pursuant to section 7.

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